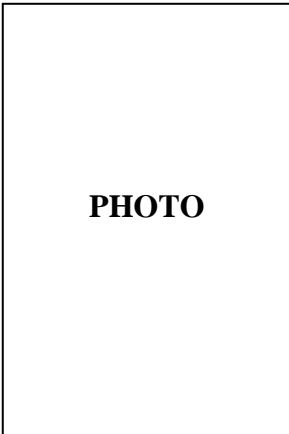




UNIVERSITA' DEGLI STUDI DI FOGGIA

Dept. of International Relations
Via Antonio Gramsci 89/91
Tel. +39 881 338337-343
e-mail: ma.ciavarella@unifg.it



LLP/ERASMUS

**STUDENT APPLICATION FORM
ACADEMIC YEAR 20 - 20**

FIELD OF STUDY:

This application should be completed clear and in BLACK, in order to be easily copied and/or telefaxed.

SENDING INSTITUTION

| | |
|--|--|
| Name and full address: | |
| | |
| Faculty coordinator (name, telephone and telefax numbers, e-mail box): | |
| | |
| | |
| Institutional coordinator..... | |
| | |

STUDENT' S PERSONAL DATA

(to be completed by the student)

| | |
|-------------------------------|---|
| Family name: | First name(s): |
| Date of birth: | |
| Place of birth..... | |
| Sex: Nationality: | |
| Current address: | Permanent address (if different): |
| | |
| Tel: | e-mail: |



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CURRENT STUDIES

| | | | | | |
|----------------------------|---|--------|--|---------------|---|
| Diploma | í | Degree | í | Post graduate | í |
| Degree denomination: | | | | | |
| Duration in years:..... | | | (First)Year of academic enrolment: | | |

ISTITUTION WICH WILL RECEIVE THIS APPLICATION FORM

| Institution | Country | Period of study | Duration of stay (months) | Period |
|-------------|---------|-----------------|---------------------------|---|
| | | | | <input type="checkbox"/> Autumn semester <input type="checkbox"/> Spring semester <input type="checkbox"/> Full academic year |
| | | | | |

| | |
|------------------------------|----------------|
| Sending Institution | Country: |
|------------------------------|----------------|

| |
|---|
| Briefly state the reasons why you wish to study abroad. |
|---|

LANGUAGE COMPETENCE

| | | |
|----------------------|---|------------------------------|
| Mother Tongue: | Language of tuition at home institution (if different): | |
| Other languages | To follow lectures (Yes or not) | To write report (yes or not) |
| | | |
| | | |

Student's signature.....

RECEIVING INSTITUTION

| | |
|--|---------------------------------------|
| We hereby acknowledge receipt of the application and the proposed learning agreement | |
| Faculty coordinator's signature | Institutional coordinator's signature |
| | |
| Date: | Date: |